**Introduction**

LGBT Health and Wellbeing very much welcomes the attention being paid to ageing and social isolation. We have a specialist interest in supporting older LGBT people, whose needs have hitherto rarely been recognised or addressed.

LGBT people are a group particularly likely to experience social isolation as they age. Older LGBT people are:
- 2½ times more likely to live alone
- twice as likely to be single as they age
- 4½ times more likely to have no children to call upon in times of need
- 10 times more likely to indicate that they have no-one to call on in times of crisis or difficulty.

**Organisational background**

LGBT Health and Wellbeing was set up in 2003 to promote the health, wellbeing and equality of lesbian, gay, bisexual and transgender (LGBT) people in Scotland. Since 2010 the organisation has provided a specialist support programme for LGBT people over 50, initially delivered just in Edinburgh, but more recently the programme also rolled out to Glasgow. Since 2012 the organisation has also delivered the LGBT Age Capacity Building Project designed to work with mainstream organisations to raise awareness, increase understanding and enable mainstream statutory, voluntary and private sector service providers to better meet the needs of older LGBT people and comply with the Equality Act's general equality duties.

**Societal attitudes**

Public attitudes towards LGBT people in Scotland have generally shifted positively, but both overt and subtle discrimination towards LGBT people continue to exist within our society. The 2010 Scottish Attitudes Survey shows that LGBT people still continue to face relatively widespread discriminatory views, and that these are particularly prevalent in older age groups. The Attitudes Survey shows 27% of Scotland’s adult population still think same sex relationships are always or mostly wrong (down from 48% in 2000); however for older people aged 55 and over, that figure rises to 46%.

The Survey also shows that, unlike the positive shift in attitudes towards same sex couples, prejudice against transgender people continues to be particularly prevalent and is showing little demonstrable shift: 55% of the population hold discriminatory attitudes towards transgender people.

For LGBT people their relationships with family of origin are often poor. For transgender people this is often even more acute, with half of transgender people experiencing family breakdown due to their gender identity.
Thus in Scotland today minority sexual orientation and gender identity continue to be coupled with severe social disadvantage, which impact on health and wellbeing.

Ageing as an LGBT person

LGBT people are just as numerous in older age groups (estimated to represent 5-7% of population), but older LGBT people have lived a large part of their lives in less liberal times and have on the whole been less visible. Many have lived through long periods of sustained oppression, by individuals and institutions as well as by the medical establishment. Homosexuality was a crime in Scotland until 1980, remaining a mental illness (according to the World Health Organisation) until 1991. In addition, during the 1980s and 90s, the state, medical institutions and families actively discriminated against people with HIV.

Whilst older LGBT people face many issues in respect of ageing in common with the general older population, they are also likely to face other issues and injustices because of isolation, past experience of the pathologising of their sexuality (for example the medical profession tried to ‘cure’ the sexual orientation of LGB people through aversion and shock therapy), invisibility and the double discrimination of ageism and homophobia / biphobia / transphobia.

Ignorance, negative attitudes and stereotypes around LGBT identities continue to be prevalent in society, which means individuals face rejection (or fear of rejection) by family, friends, colleagues, neighbours and service providers. This often leads individuals to avoid being ‘out’ (openly expressing their identity) in many spheres of their life.

This invisibility is particularly prevalent among older LGBT people, not just because of having lived through much less liberal times, but also because discriminatory attitudes continue to be very prevalent among their age group.

Prevalence of social isolation

“The difficulty is that older LGBT people are so isolated from one another, linking people together is difficult.” (Older LGBT person)

There is relatively limited specific research into the experiences of older LGBT people but from the available evidence it is clear that the issue of social isolation is of particular concern. When compared to their non-LGBT peers, older LGBT people are:
- 2½ times more likely to live alone
- twice as likely to be single as they age
- 4½ times more likely to have no children to call upon in times of need
- 10 times more likely to indicate that they have no-one to call on in times of crisis or difficulty.

LGBT Health’s own 2013 Community Consultation with over 200 LGBT people over 50 in Scotland’s central belt found:
- There is a strong need for social connections
- Over half of respondents were ‘out’ selectively or not ‘out’
- People travel to urban areas to access LGBT spaces
- Aging as an LGBT person often creates specific additional challenges; these are particularly acute for transgender people.
The evidence points to the fact that to combat isolation for older LGBT people there is a need both for facilitating access to social contacts with non-LGBT peers locally and for facilitating engagement with LGBT peers across a wider geography.

Need for local contacts

“I grew up in an isolated community, where I had to cope with stigma and bullying on a daily basis, which was really difficult. What I want is open affirmation of my identity when dealing with services.”

For older LGBT people, isolation is of course prevalent because of all the well-known causes of social isolation for their age group. However, in addition, individuals are at further risk of isolation as a consequence of rejection (or fear of rejection) by parts of the wider, mainstream, community, and/or the lack of a supportive family. Reducing this social isolation is of great importance to the wellbeing of older LGBT people.

In order to adequately address this heightened risk of social isolation it is crucial that local social groups, clubs and services (e.g. lunch clubs, day services) are truly inclusive and cater for all who need to make use of them. It is not enough for a service to assume that LGBT people will feel welcome and comfortable in the service. Active measures need to be taken to reach out to them and support them appropriately. If social groups, clubs and services are not inclusive they will either not be used by older LGBT people, or individuals will feel they need to remain silent about their gender identity or sexual orientation to avoid receiving a poor reception and treatment.

There is a critical need to create safe spaces for older LGBT people; without this provision, mainstream early intervention initiatives to reduce isolation will simply not be used by this minority.

“In order to participate and become active in my local community I need to feel respected. I don’t want to have to battle for acceptance or be ostracised unless I hide who I really am.”

It is thus important that social groups, clubs and services are pro-active in letting minority groups such as older LGBT people know that they will be made welcome. Very significant work needs to be done to make local provision accessible, and to develop a level of confidence among older LGBT people that mainstream provision is ‘safe’ for them to be themselves.

Need for contact with LGBT community

“It becomes incredibly difficult [as you age] to find opportunities to meet others like yourself. This lack of safe spaces and activities leads to isolation and loneliness.”

Often, LGBT people can best express themselves and best feel emotionally supported by other LGBT people. This can be because of their similar life experiences; because LGBT people have often created ‘chosen families’ for themselves from their own LGBT communities; or simply because specialist spaces allow people to ‘let their hair down’ for a while. There is a clear need and demand for services and initiatives that provide this safe space for older LGBT people, alongside the need for local provision that caters for all members of the community in a fully equitable manner.
In our 2013 Community Consultation (182 questionnaire respondents and 37 participants at consultation events) the theme of social isolation emerged strongly. Individuals spoke of their social needs changing as they aged and often finding the gay commercial scene and LGBT events very youth orientated. Whilst the consultation engaged predominantly with LGBT people in their 50s and 60s (94% of respondents) even in this 'younger' cohort we identified significant unmet need in terms of social contact. 75% of respondents indicated they would welcome increased opportunities for contact with other LGBT people; most said they would be interested in joining groups or organised activities to do this.

“As I have reached my 50s my LGBT social circle has significantly decreased in number, mostly because it was formed around going out on the scene. I would therefore be keen to meet other LGBT people in other social contexts.”

We found when we asked individuals to identify their key concerns about ageing:
• 45% expressed fears around loneliness
• 40% were concerned about the lack of opportunity to meet other LGBT people.

The LGBT community is a geographically dispersed one. There is a dearth of social opportunities, such as social groups, pubs, clubs and cafes, for LGBT people outside larger cities. Thus people often travel, in some cases significant distances, in order to have contact with other LGBT people. As people age, maintaining those social contacts with geographically dispersed LGBT peers, or accessing provision in larger cities, inevitably becomes increasingly challenging.

The ageism that is prevalent in society also exists in the LGBT community. Thus individuals who have felt part of the LGBT community can feel there is no longer a place for them in that community as they age. Many of the participants of our Community Consultation observed the commercial LGBT scene and community events are youth-oriented and spoke of their sense of isolation and desire to be part of the community.

“Isolation for older LGBT people is an extreme problem and only likely to get the worse, I felt very isolated at Pride [annual LGBT community festival] because there were hardly any older people there. The only people around me are youngsters, I think “am I going to be rejected?” Older LGBT people have stopped going to Pride because we’re not part of the community anymore because there’s not a space for us.”

Conclusion

Social isolation is a particularly key issue for older lesbian, gay, bisexual and transgender people in Scotland, due to both the historic context and the negative attitudes still prevalent today in relation to minority sexual orientation and gender identity. Individuals often face rejection (or fear of rejection) by family, friends, colleagues and neighbours. Combined with this, ageism and the geographically dispersed nature of the LGBT community further increase the risk of social isolation.

Addressing the prevalence and risk of social isolation among older LGBT people requires an awareness and understanding of the very distinct needs of this minority. Promoting access to prevention and early intervention services and initiatives is particularly critical as, coupled with high level of need for support due to increased prevalence of loneliness and social isolation, this minority has very poor engagement with services. To counter the great reluctance among older LGBT people to access services and mainstream
community initiatives aimed at addressing social isolation, their justified anxieties over attitudes, assumptions and fear of discrimination and harassment need to be addressed.

Much needs to be done to respond to the social isolation experienced by older LGBT people:

- Local mainstream social groups, clubs and community initiatives need to be inclusive and diverse, and be seen to be so
- Services, particularly mainstream prevention and early intervention services, need to address the access barriers experienced by older LGBT people
- Individuals need to be supported to maintain their links with the LGBT community
- Specialist services and groups for LGBT people need to be more widely available, more inclusive of older LGBT people, and be supported and promoted.

Key recommendations

The Scottish Government clearly has an important role to play in addressing the social isolation experienced by older LGBT people.

Key areas in which the Scottish Government is able to show leadership on this issue include:

- **Awareness raising:** tackling the invisibility of older LGBT people and the issues they face by explicitly addressing these in policy and strategy work relating to older people. Being mindful that for minority groups their community is often one of interest, rather than a geographically based one.
- **Tackling prejudice and discrimination:** any action to promote equality and reduce prejudice towards LGBT people will have a positive impact on the degree to which individuals are able to integrate in society, thus reducing isolation.
- **Commissioning:** as a commissioner of services the Government has a key role to play in ensuring service providers are meeting equality outcomes, have a robust and documented equalities approach and demonstrate the cultural sensitivity needed to address the access barriers experienced by this minority.

References

*LGBT Age Community Survey; establishing the needs of LGBT people over 50 in Scotland’s central belt,* LGBT Health and Wellbeing, 2013.


*Your Services Your Say; LGBT people’s experience of public services in Scotland,* Stonewall Scotland, 2013.

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